


FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32828 (8)
1. Corporation Name
MIDDLEBURG UNITED METHODIST CHURCH, INC.



Principal Place of Business 3925 MAIN STREET MIDDLEBURG FL 32069	Mailing Address 3925 MAIN STREET MIDDLEBURG FL 32068
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3. Date Incorporated or Qualified 06/14/1989	
4. FEI Number 59-1320369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LEMPKE, JOHN
4810 GOPHER CIRCLE
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMPKE, JOHN	1.2 NAME	
STREET ADDRESS	4810 GOPHER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, DENVER	2.2 NAME	Herman Dyal
STREET ADDRESS	3999 BRONCO RD	2.3 STREET ADDRESS	873 Arthur Moore Dr.
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROPIAK, ELLEN	3.2 NAME	Mary Turner
STREET ADDRESS	4121 BUDINGTON'S LANDING CT	3.3 STREET ADDRESS	2568 Begonia Dr.
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYAL, HERMAN	4.2 NAME	Len Nordgren
STREET ADDRESS	873 ARTHUR MOORE DRIVE	4.3 STREET ADDRESS	762 Arthur Moore Dr.
CITY-ST-ZIP	GREEN COVE SPRINGS FL	4.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDA, SUZANNE	5.2 NAME	Lyda, Suzanne
STREET ADDRESS	3627 SOUTHERN PINES DRIVE	5.3 STREET ADDRESS	3627 Southern Pines Dr.
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLENDON, SCOTT	6.2 NAME	McLendon, Scott
STREET ADDRESS	1696 EAGLES NOST LANE	6.3 STREET ADDRESS	1696 Eagles Nest Lane
CITY-ST-ZIP	MIDDLEBURG FL	6.4 CITY-ST-ZIP	Middleburg, FL 32068

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/10/98 904-282-5589

CFR2E037 (10/97)